TOWNSHIP OF SOUTH BRUNSWICK APPLICATION FOR DEVELOPMENT

1. Pursuant to the Township of South Brunswick Municipal Code and the applicable New Jersey State Law, application is made to the Township of South Brunswick for the following:

Requested Application(s) check all that apply	Application Fees	etion 62-41 et. Seq.) Escrow Fees
Planned Office/Commercial Development		
Preliminary Planned Residential Development		
Final Planned Residential Development		
Approval of Minor Subdivision		
Preliminary Approval of Major Subdivision		
Final Approval of Major Subdivision		
Preliminary Site Plan Approval		
Final Site Plan Approval		
Bulk Variance(s)/Exception(s)/Waiver(s)		
Use Variance(s)		
Conditional Use		
Revision of		
Other		
TOTAL FEES:	\$	\$
2. GENERAL DATA		
NAME OFAPPLICANT:		
ADDRESS:		
PHONE:FA	X:	
EMAIL		
NAME OF OWNER: (IF DIFFERENT FROM APPLICANT)		
ADDRESS:		
PHONE:FAX:		
ENACH.		

ADDRESS:	
	FAX:
EMAIL:	
NAME OF ARCHITECT: (IF APPLICAB	BLE)
ADDRESS:	
PHONE:	FAX:
EMAIL:	
NAME OF ENGINEER: (IF APPLICABLE	E)
ADDRESS:	
	FAX:
EMAIL:	
3. SITE DATA	
BLOCK (S):	LOT(S):
ADDRESS OF PROPERTY:	
	Include Town mailing address & zip code)
PRESENT ZONING:	TOTAL ACREAGE OF PROPERTY:
PROPOSED USE OF PROPERTY:	:
NUMBER OF BUILDINGS PROPOSED	D:GROSS FLOOR AREA OF ALL STRUCTURES
PERCENTAGE OF BUILDING COVER	AGEOF IMPERVIOUS COVERAGE
NUMBER OF PROPOSED LOTS:	NUMBER OF EXISTING LOTS:
PARKING SPACES REQUIRED:	PARKING SPACES PROVIDED:
ARE THERE ANY EXISTING OR PROPERTY?	POSED CONVENANTS OR DEED RESTRICTIONS ON THE
NO YES (IF YES F	PLEASE EXPLAIN)

4. PLANS
LIST ALL PLANS AND OTHER EXHIBITS SUBMITTED, INCLUDING NAMES OF PREPARERS: (ATTACH SEPARATE SHEET IF NECESSARY)
DOES THIS APPLICATION MEET ALL SUBMISSION REQUIREMENTS OF THE APPROPRIATE
CHECKLIST(S)? NO (IF NO, SEE ITEM 5) YES
5. FOR SUBMISSION REQUIREMENTS WAIVER(S) ONLY: Complete and attach a submission requirement waiver request rider for <u>each</u> waiver requested
NUMBER OF WAIVERS REQUESTED:
NUMBER OF WAIVER REQUEST RIDERS:
6. FOR VARIANCES ONLY
Complete and attach a variance/exception request rider for each variance or exception requested.
NUMBER OF VARIANCES/EXCEPTIONS REQUESTED
NUMBER OF REQUEST RIDERS:
7. REVISIONS TO APPROVED PLANS
Please indicate prior South Brunswick file numbers, the original requirements of the approved plan and the requested change or revision (Attach separate sheet, if necessary)

8. CERTIFICATION

I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge, and that I am authorized to file this application and act on behalf of the signatories below. I further authorize Township Officials to enter on and inspect the site noted above.

I further agree to pay all reasonable costs for professional review of this application, including costs incurred with any informal review of a concept plan which may have preceded the submission of a preliminary application. I further agree to pay all reasonable costs for the municipal inspection of the constructed improvements pursuant to Section 62-41.

Signature of ALL Owner(s) of Record	DATE:	
Signature of ALL Owner(s) of Record		
	DATE:	
	DATE.	
Signature of Applicant	DATE:	
	DATE:	
9. NOTARIZATION:		
Sworn to and subscribed before me this	day of	20
Notary		
10. CONTACT PERSON: Regarding ma	tters pertaining to this application:	
Name:	······	
Phone#:F	AX#:	
Email:		